



March 2, 2021

Web Announcement 2441

## Rates Update Regarding COVID-19 Testing Codes

The Centers for Medicare & Medicaid Services (CMS) has established reimbursement rates for the following COVID-19 testing codes and the rates have been entered in the Medicaid Management Information (MMIS):

- 86413 - Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative.
- 87426 - Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID-19]).
- 87428 - Infectious agent antigen detection by immunoassay technique, severe acute respiratory syndrome coronavirus and influenza virus types A and B.
- 87636 - Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique.
- 87637 - Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique.
- 87811 - Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]).

Claims for the above codes will no longer suspend for payment with error code 0853 (HCPCS Annual Update COVID-19 – suspend claims) due to the rates not being set. The impacted claims that were suspended with error code 0853 have been released for payment and will be reflected on remittance advices dated March 5, 2021.

Please note: When claims are reprocessed or released for payment, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.

Please review the COVID-19 General Billing Guide and the COVID-19 Community-Based Testing and Vaccination Billing Guide for billing instructions. All Nevada Medicaid Fee-for-Service billing guides, including the two related to COVID-19, can be found on the Providers Billing Information webpage at:

<https://www.medicaid.nv.gov/providers/BillingInfo.aspx>.